



## **MONEY-RAISING GUIDELINES**

### **Girl Scouts of Greater Iowa**

1. Any troop having a money-earning project for the troop, other than council product sales, must submit a supplemental money earning application to the council and receive permission, at least one month in advance. Junior, Cadette, and Senior Girl Scout troops seeking additional fund raisers are required to participate in at least two council sponsored product sales; Brownie Girl Scout troops need to participate in at least one.
2. Girl Scout troops may not earn money for other organizations.
3. Girl Scout troops may not sell any outside commercial product.
4. The evaluation form should be returned to the regional office within two weeks of the completion of the project.
5. Projects should not be carried on during the United Way/Community Chest fund raising period in your community. (Example: phone-a-thon, bake sale, omelet breakfast, pancake supper)
6. Check guidelines in Safety Wise concerning money-raising projects.
7. Request a form from your Girl Scouts of Greater Iowa regional office or download the form online at [www.girlscoutsiowa.org](http://www.girlscoutsiowa.org) in the Forms and Publications section.
8. Contact the Resource Development Director if you have any questions at the following numbers: (800) 342-8389 or (515) 281-2881.

### **Regional Leadership Centers**

**Council Bluffs**

526 Third St  
Council Bluffs, IA 51503  
(800) 342-8389  
(712) 328-2338

**Des Moines**

10715 Hickman Rd  
Des Moines, IA 50322  
(800) 342-8389  
(515) 278-2881

**Fort Dodge**

112 S 3<sup>rd</sup> St.  
Fort Dodge, IA 50501  
(800) 342-8389  
(515) 573-8141

**Mason City**

601 S Illinois Ave  
Mason City, IA 50401  
(800) 342-8389  
(641) 423-3044

**Sioux City**

1515 Zenith Drive  
Sioux City, IA 51103  
(800) 342-8389  
(712) 255-0187



# MONEY EARNING APPLICATION GIRL SCOUTS OF GREATER IOWA

Date: \_\_\_\_\_ Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

**Application must be submitted at least one month prior to the planned starting date of the money earning project. Submit copy to the Area Manager. He/She will distribute as follows: 1 copy to leader; 1 copy to Girl Scouts of Greater Iowa; 1 copy for Service Unit records.**

Number of girls currently registered with the troop: \_\_\_\_\_

Leader's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Box/Street, City/St/Zip

### Project Description

Type of project: \_\_\_\_\_

Starting date: \_\_\_\_\_ Completion date: \_\_\_\_\_

### Location of project or area where sales or collections of recyclable materials will be conducted:

If project involves sales –

Cost of item(s) to be sold: \$ \_\_\_\_\_ Selling price: \$ \_\_\_\_\_

How much money does the troop plan to make on this project: \_\_\_\_\_

Project purpose – (how, when, and where will the money be spent): \_\_\_\_\_

If money is being raised for a trip, show date of Trip Notice approval: \_\_\_\_\_

### TROOP INCOME AND EXPENSE DETAIL:

<b>Current troop account balance</b>	\$ _____
<b>Income to date:</b>	
# of girls who sold cookies:	\$ _____
# of girls who sold nuts:	\$ _____
Dues	\$ _____
Other – specify:	\$ _____
<b>Anticipated Income – specify:</b>	\$ _____
<b>Anticipated Income – specify:</b>	\$ _____
<b>Income expected from this project request:</b>	\$ _____
<b>TOTAL FUNDS:</b>	\$ _____

### Signatures & Approval

Troop Leader \_\_\_\_\_ Date \_\_\_\_\_

Service Unit Manager \_\_\_\_\_ Date \_\_\_\_\_

Area Manager \_\_\_\_\_ Date \_\_\_\_\_

Resource Development Director \_\_\_\_\_ Date \_\_\_\_\_



# GIRL SCOUTS OF GREATER IOWA MONEY EARNING PROJECT EVALUATION

Date: \_\_\_\_\_ Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Project Description:

Starting date: \_\_\_\_\_ Completion date: \_\_\_\_\_

How many girls participated in the project? \_\_\_\_\_

How many adults participated? \_\_\_\_\_

Were the girls satisfied with the project? \_\_\_\_\_

Were the adults (including parents) satisfied with the project? \_\_\_\_\_

Was the project acceptable to the community? \_\_\_\_\_

ACTUAL INCOME RECEIVED FROM THIS PROJECT	\$
ACTUAL EXPENSES OF CONDUCTING THIS PROJECT	
Expense:	\$
Expense:	\$
Expense:	\$
TOTAL PROJECT EXPENSES:	\$
ACTUAL PROFIT FROM THIS PROJECT (Subtract expenses from income):	\$

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Leader, if troop project
- Service Unit Manager, if Service Unit project

**Submit as follows: One copy to Service Unit Manager  
One copy to the Resource Development Director,  
Resource Development Director phone: (515) 281-2881; fax: (515) 278-5988**

**Initialed by:**

Resource Development Director \_\_\_\_\_ Area Manager \_\_\_\_\_